

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Mary Jo Greco, H.C.

Petition No. 2004-0407-020-008

REINSTATEMENT CONSENT ORDER

WHEREAS, Mary Jo Greco of East Haven (hereinafter "respondent") has been issued license number 050015 to practice Hairdressing and Cosmetology by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent voluntarily surrendered her license on March 25, 2002, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. She is presently being treated for drug addiction in a voluntary program and has been drug free since March 5, 2003.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice as a Hairdresser and Cosmetician shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
1. Immediately upon issuance, respondent's license shall be placed on probation for one year under the following terms and conditions:
 - A. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
 - (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ("Attachment A: Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Department, as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
 - (2) Respondent shall be responsible for notifying the laboratory, the Department and her prescribing practitioner of any drug(s) she is taking. For the prescription of a

controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports until such time as the controlled substance(s) are not prescribed by the provider to the Department, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;
 2. A list of controlled substance(s) prescribed by other providers;
 3. An evaluation of the respondent's need for the controlled substance;
 4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report monthly for the first three months and thereafter quarterly.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

B. Respondent shall be responsible for the provision of written reports directly to the Department from her employer quarterly. Respondent shall provide a copy of this Reinstatement Consent Order to any and all employers during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Reinstatement Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice Hairdressing and Cosmetology, and shall be issued to the Department at the address cited in paragraph 8 below.

4. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
5. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
6. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for

Barbers, Hairdressers and Cosmeticians in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.

10. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
11. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a matter of public record.

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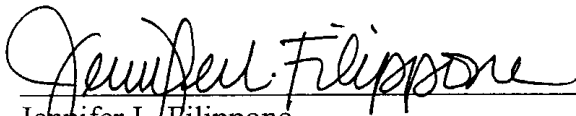
I, MaryJo Greco, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


MaryJo Greco, H.C.

Subscribed and sworn to before me this 14 day of May 2004.

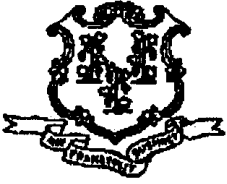

Notary Public or person authorized
by law to administer an oath or
affirmation
**My Commission Expires
November 30, 2007**

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 24th day of May 2004, it hereby ordered and accepted.


Jennifer L. Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification
Bureau of Healthcare Systems

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reinstatement co



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 22, 2005

Mary Jo E. Greco, H/C
14 Philip Street
East Haven, CT 06512

Re: Reinstatement Consent Order
Petition No. 2004-040-020-008
License No. 050015

Dear Ms. Greco:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective May 24, 2005.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Reinstatement Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin, HPA
Division of Health Systems Regulation



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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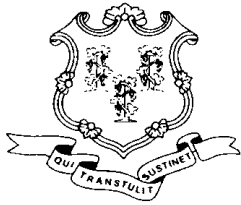
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

June 2, 2004

MaryJo Greco
14 Philip Street
East Haven, CT 06512

Dear Ms. Greco:

This is to advise you that you have completed all requirements for reinstatement of your Connecticut hairdresser license. License number 050015 has been reinstated effective May 24, 2004.

Your license is being reinstated in accordance with the terms of the Reinstatement Consent Order which was fully executed on May 24, 2004.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Division of Health Systems Regulation

cc: ✓Jennifer Filippone, Public Health Services Manager
Stanley Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office
Bonnie Pinkerton, RN, Nurse Consultant

SBC/jc
Petition Number: 2004-0407-020-008



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